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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>29/837459</i>	FILING DATE <i>4/18/97</i>
						APPLICANT(S) <i>9/29/97</i>	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					61	
2	/					52	
3	/					53	
4		/				54	
5		/				55	
6		5				56	
7	/					57	
8		/				58	
9	/					59	
10		/				60	
11	/					61	
12		/				62	
13	/					63	
14		/				64	
15	/					65	
16		/				66	
17		/				67	
18		/				68	
19	/					69	
20		/				70	
21		/				71	
22		/				72	
23	/					73	
24		/				74	
25		/				75	
26		/				76	
27	/					77	
28	/					78	
29		/				79	
30		/				80	
31		/				81	
32		/				82	
33	/					83	
34		/				84	
35		/				85	
36		/				86	
37		/				87	
38		/				88	
39	/					89	
40		/				90	
41		/				91	
42		/				92	
43		/				93	
44		/				94	
45	/					95	
46	/					96	
47	/					97	
48		/				98	
49		/				99	
50		/				100	
TOTAL IND.	11					TOTAL IND.	
TOTAL DEP.	31					TOTAL DEP.	4
TOTAL CLAIMS	34					TOTAL CLAIMS	38

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS ONLY						Application Number <i>ES/83749</i>	Filing Date <i>4/18/97</i>					
						Applicant(s)						
<i>9/2/94</i>						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
101							51					
102							52					
103							53					
104							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					